

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: Heather D Mitch : Bankruptcy No. 18-22439-GLT
Debtor :
Chapter 13
Movant :
Related to Document No.
v. :
No Respondent :
Respondent (if none, then "No Respondent") :

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

☐ Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

☐ Summary of Schedules

☐ Schedule A - Real Property

☐ Schedule B - Personal Property

☐ Schedule C - Property Claimed as Exempt

☐ Schedule D - Creditors holding Secured Claims

Check one:

☐ Creditor(s) added

☐ NO creditor(s) added

☐ Creditor(s) deleted

☐ Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

☐ Creditor(s) added

☐ NO creditor(s) added

☐ Creditor(s) deleted

☐ Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

☐ Creditor(s) added

☐ NO creditor(s) added

☐ Creditor(s) deleted

☐ Schedule G - Executory Contracts and Unexpired Leases

Check one:

☐ Creditor(s) added

☐ NO creditor(s) added

☐ Creditor(s) deleted

☐ Schedule H - Codebtors

☒ Schedule I - Current Income of Individual Debtor(s)

☐ Schedule J - Current Expenditures of Individual Debtor(s)

☐ Statement of Financial Affairs

☐ Chapter 7 Individual Debtor's Statement of Intention

☐ Chapter 11 List of Equity Security Holders

☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

☐ Disclosure of Compensation of Attorney for Debtor

☐ Other: _____

FILED
2019 NOV -6 AM 11:25
U.S. BANKRUPTCY COURT
PITTSBURGH
CLERK N°

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date: 11/6/2019

Heather Nitch
Attorney for Debtor(s) [or *pro se* Debtor(s)]

Heather Nitch, pro se
(Typed Name)

206 E Euclid Ave New Castle PA 16105
(Address)

724-714-9271
(Phone No.)

List Bar I.D. and State of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

FILED

2019 NOV -6 AM 11:26

CLERK
U.S. BANKRUPTCY COURT
PITTSBURGH

Fill in this information to identify your case:

Debtor 1 Heather Diane Nitch
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number (If known) 18-22439-GLT

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Senior Writer

Employer's name

PRO Unlimited

Employer's address

999 Stewart Ave

Number Street

Number Street

Bethpage

NY

11714

City

State

ZIP Code

City

State

ZIP Code

How long employed there? 1 1/2 years

1 1/2 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,600.00

\$ _____

3. Estimate and list monthly overtime pay.

3. + \$ _____

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 6,600.00

\$ _____

Debtor 1 **Heather Diane Nitch**

First Name Middle Name Last Name

Case number (if known) **18-22439-GLT**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|------------------------|-----------------------------------|
| Copy line 4 here..... → 4. | \$ 6,600.00 | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 1,508.04 | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ _____ | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 198.00 | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ _____ | \$ _____ |
| 5e. Insurance | 5e. \$ 265.12 | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ _____ | \$ _____ |
| 5g. Union dues | 5g. \$ _____ | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ _____ | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 1,971.16 | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 4,628.84 | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 500.00 | \$ _____ |
| 8b. Interest and dividends | 8b. \$ _____ | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 900.00 | \$ _____ |
| 8d. Unemployment compensation | 8d. \$ _____ | \$ _____ |
| 8e. Social Security | 8e. \$ _____ | \$ _____ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ _____ | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ _____ | \$ _____ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ _____ | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 1,400.00 | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 6,028.84 | \$ _____ |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. + \$ 400.00 | \$ _____ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. \$ 6,428.84 | \$ _____ |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

PRO Unlimited, Inc
999 Stewart Avenue, Suite 100
Bethpage, NY 11714

Pay Group: BWS-PRO BILL Weekly Friday
Pay Begin Date: 10/12/2019
Pay End Date: 10/18/2019

Business Unit: PROPF
Advice #: **3766853**
Advice Date: 10/25/2019

| | | | | | |
|---|--|--|--|----------------------------|-----------------|
| Heather Nitch 206 East Euclid Avenue New Castle, PA 16105-2512 | | Employee ID: 1050763 Department: 06173-PRO Liberty Mutual Location: PRO Liberty Mutual Job Title: Insurance Pay Rate: \$50.00 Hourly | TAX DATA: Tax Status: Single Allowances: 2 Addl. Percent: Addl. Amount: | Federal N/A 1 | PA State |
|---|--|--|--|----------------------------|-----------------|

| HOURS AND EARNINGS | | | | | | TAXES | | |
|--------------------|-----------|---------------|-----------------|-----------------|------------------|-----------------|---------------|------------------|
| Description | Rate | Current Hours | Earnings | Hours | YTD Earnings | Description | Current | YTD |
| Regular Earnings | 50.000000 | 33.00 | 1,650.00 | 1,426.00 | 71,300.00 | Fed Withholding | 206.25 | 9,480.36 |
| | | | | | | Fed MED/EE | 22.96 | 1,027.11 |
| | | | | | | Fed OASDI/EE | 98.19 | 4,391.80 |
| | | | | | | PA Unempl EE | 0.99 | 42.78 |
| | | | | | | PA Withholding | 48.62 | 2,174.84 |
| TOTAL: | | 33.00 | 1,650.00 | 1,426.00 | 71,300.00 | TOTAL: | 377.01 | 17,116.89 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS | | |
|------------------------|---------------|-----------------|----------------------|-------------|-------------|---------------------------|---------|--------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Medical Plan Deduction | 58.32 | 408.24 | | | | Medical Plan Deduction | 0.00 | 274.61 |
| Pro Dental Deduction | 5.96 | 41.72 | | | | Workers Compensation Rate | 0.00 | 155.78 |
| Vision Plan Deduction | 2.09 | 14.63 | | | | | | |
| 401(k) Deduction | 49.50 | 2,139.00 | | | | | | |
| TOTAL: | 115.87 | 2,603.59 | TOTAL: | 0.00 | 0.00 | *TAXABLE | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---------|-------------|-------------------|-------------|------------------|-----------|
| Current | 1,650.00 | 1,534.13 | 377.01 | 115.87 | 1,157.12 |
| YTD | 71,300.00 | 68,696.41 | 17,116.89 | 2,603.59 | 51,579.52 |

| YEAR-TO-DATE Leave Accrual | | | | | | NET PAY DISTRIBUTION | | |
|----------------------------|---------------|--------|-------|------------|-------------|----------------------|----------------|-----------------|
| Plan Name | Start Balance | Earned | Taken | Adjustment | End-Balance | Account Type | Account Number | Deposit Amount |
| | | | | | | Advice #3766853 | Checking | XXXXXXX9959 |
| | | | | | | | Checking | XXXXXXX7986 |
| | | | | | | TOTAL: | | 1,157.12 |

MESSAGE:

PRO Unlimited, Inc
999 Stewart Avenue
Suite 100
Bethpage, NY 11714

Date: 10/25/2019

Advice No. 3766853

Deposit Amount: **\$1,157.12**

To The
Account(s) Of

HEATHER NITCH
206 East Euclid Avenue
New Castle, PA 16105-2512

NON-NEGOTIABLE

PRO Unlimited, Inc
999 Stewart Avenue, Suite 100
Bethpage, NY 11714

Pay Group: BW5-PRO BILL Weekly Friday
Pay Begin Date: 10/05/2019
Pay End Date: 10/11/2019

Business Unit: PROFF
Advice #: 3753265
Advice Date: 10/18/2019

| | | | | | |
|---|--------------|--------------------------|------------------|----------------|-----------------|
| Heather Nitch 206 East Euclid Avenue New Castle, PA 16105-2512 | Employee ID: | 1050763 | TAX DATA: | Federal | PA State |
| | Department: | 06173-PrO Liberty Mutual | Tax Status: | Single | N/A |
| | Location: | PRO Liberty Mutual | Allowances: | 2 | 1 |
| | Job Title: | Insurance | Addl. Percent: | | |
| | Pay Rate: | \$50.00 Hourly | Addl. Amount: | | |

| HOURS AND EARNINGS | | | | | | TAXES | | |
|--------------------|-----------|---------------|-----------------|-----------------|------------------|-----------------|---------------|------------------|
| Description | Rate | Current Hours | Earnings | YTD Hours | Earnings | Description | Current | YTD |
| Regular Earnings | 50.000000 | 33.00 | 1,650.00 | 1,393.00 | 69,650.00 | Fed Withholding | 206.25 | 9,274.11 |
| | | | | | | Fed MED/EE | 22.96 | 1,004.15 |
| | | | | | | Fed OASDI/EE | 98.18 | 4,293.61 |
| | | | | | | PA Unempl EE | 0.99 | 41.79 |
| | | | | | | PA Withholding | 48.62 | 2,126.22 |
| TOTAL: | | 33.00 | 1,650.00 | 1,393.00 | 69,650.00 | TOTAL: | 377.00 | 16,739.88 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS | | |
|------------------------|---------------|-----------------|----------------------|-------------|-------------|---------------------------|---------|--------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Medical Plan Deduction | 58.32 | 349.92 | | | | Medical Plan Deduction | 0.00 | 235.38 |
| PrO Dental Deduction | 5.96 | 35.76 | | | | Workers Compensation Rate | 0.00 | 152.89 |
| Vision Plan Deduction | 2.09 | 12.54 | | | | | | |
| 401(k) Deduction | 49.50 | 2,089.50 | | | | | | |
| TOTAL: | 115.87 | 2,487.72 | TOTAL: | 0.00 | 0.00 | *TAXABLE | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|------------------|-------------------|-------------|------------------|-----------|
| Current 1,650.00 | 1,534.13 | 377.00 | 115.87 | 1,157.13 |
| YTD 69,650.00 | 67,162.28 | 16,739.88 | 2,487.72 | 50,422.40 |

| YEAR-TO-DATE Leave Accrual | | | | | | NET PAY DISTRIBUTION | | | |
|----------------------------|---------------|--------|-------|------------|-------------|----------------------|----------------|----------------|-----------------|
| Plan Name | Start Balance | Earned | Taken | Adjustment | End-Balance | Account Type | Account Number | Deposit Amount | |
| | | | | | | Advice #3753265 | Checking | XXXXXXXXX9959 | 497.57 |
| | | | | | | | Checking | XXXXXXXXX7986 | 659.56 |
| | | | | | | TOTAL: | | | 1,157.13 |

MESSAGE:

PRO Unlimited, Inc
999 Stewart Avenue
Suite 100
Bethpage, NY 11714

Date: 10/18/2019

Advice No. 3753265

Deposit Amount: **\$1,157.13**

To The
Account(s) Of

HEATHER NITCH
206 East Euclid Avenue
New Castle, PA 16105-2512

NON-NEGOTIABLE

PRO Unlimited, Inc
999 Stewart Avenue, Suite 100
Bethpage, NY 11714

Pay Group: BW5-PRO BILL Weekly Friday
Pay Begin Date: 09/28/2019
Pay End Date: 10/04/2019

Business Unit: PROPF
Advice #: 3739528
Advice Date: 10/11/2019

| | | | | |
|---|--|--|----------------|-----------------|
| Heather Nitch 206 East Euclid Avenue New Castle, PA 16105-2512 | Employee ID: 1050763 | TAX DATA: | Federal | PA State |
| | Department: 06173-Pro Liberty Mutual Location: PRO Liberty Mutual Job Title: Insurance Pay Rate: \$50.00 Hourly | Tax Status: Single Allowances: 2 Addl. Percent: Addl. Amount: | | N/A 1 |

| HOURS AND EARNINGS | | | | | | TAXES | | |
|--------------------|-----------|---------------|-----------------|-----------------|------------------|-----------------|---------------|------------------|
| Description | Rate | Current Hours | Earnings | YTD Hours | Earnings | Description | Current | YTD |
| Regular Earnings | 50.000000 | 33.00 | 1,650.00 | 1,360.00 | 68,000.00 | Fed Withholding | 206.25 | 9,067.86 |
| | | | | | | Fed MED/EE | 22.96 | 981.19 |
| | | | | | | Fed OASDI/EE | 98.19 | 4,195.43 |
| | | | | | | PA Unempl EE | 0.99 | 40.80 |
| | | | | | | PA Withholding | 48.62 | 2,077.60 |
| TOTAL: | | 33.00 | 1,650.00 | 1,360.00 | 68,000.00 | TOTAL: | 377.01 | 16,362.88 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS | | |
|------------------------|---------------|-----------------|----------------------|-------------|-------------|---------------------------|---------|--------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Medical Plan Deduction | 58.32 | 291.60 | | | | Medical Plan Deduction | 0.00 | 196.15 |
| PrO Dental Deduction | 5.96 | 29.80 | | | | Workers Compensation Rate | 0.00 | 150.00 |
| Vision Plan Deduction | 2.09 | 10.45 | | | | | | |
| 401(k) Deduction | 49.50 | 2,040.00 | | | | | | |
| TOTAL: | 115.87 | 2,371.85 | TOTAL: | 0.00 | 0.00 | *TAXABLE | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---------|-------------|-------------------|-------------|------------------|-----------|
| Current | 1,650.00 | 1,534.13 | 377.01 | 115.87 | 1,157.12 |
| YTD | 68,000.00 | 65,628.15 | 16,362.88 | 2,371.85 | 49,265.27 |

| YEAR-TO-DATE Leave Accrual | | | | | | NET PAY DISTRIBUTION | | | |
|----------------------------|---------------|--------|-------|------------|-------------|----------------------|----------------|----------------|-----------------|
| Plan Name | Start Balance | Earned | Taken | Adjustment | End-Balance | Account Type | Account Number | Deposit Amount | |
| | | | | | | Advice #3739528 | Checking | XXXXXXXXXX9959 | 497.56 |
| | | | | | | | Checking | XXXXXXXXXX7986 | 659.56 |
| | | | | | | TOTAL: | | | 1,157.12 |

MESSAGE:

PRO Unlimited, Inc
999 Stewart Avenue
Suite 100
Bethpage, NY 11714

Date: 10/11/2019

Advice No. 3739528

Deposit Amount: **\$1,157.12**

To The
Account(s) Of

HEATHER NITCH
206 East Euclid Avenue
New Castle, PA 16105-2512

NON-NEGOTIABLE

PRO Unlimited, Inc
999 Stewart Avenue, Suite 100
Bethpage, NY 11714

Pay Group: BW5-PRO BILL Weekly Friday
Pay Begin Date: 09/21/2019
Pay End Date: 09/27/2019

Business Unit: PROPF
Advice #: **3724995**
Advice Date: 10/04/2019

| | | | | |
|---|--|--|----------------|-----------------|
| Heather Nitch 206 East Euclid Avenue New Castle, PA 16105-2512 | Employee ID: 1050763 | TAX DATA: | Federal | PA State |
| | Department: 06173-PRO Liberty Mutual Location: PRO Liberty Mutual Job Title: Insurance Pay Rate: \$50.00 Hourly | Tax Status: Single Allowances: 2 Addl. Percent: Addl. Amount: | | N/A 1 |

| HOURS AND EARNINGS | | | | | | TAXES | | |
|--------------------|-----------|---------------|-----------------|-----------------|------------------|-----------------|---------------|------------------|
| Description | Rate | Current Hours | Earnings | YTD Hours | Earnings | Description | Current | YTD |
| Regular Earnings | 50.000000 | 33.00 | 1,650.00 | 1,327.00 | 66,350.00 | Fed Withholding | 206.25 | 8,861.61 |
| | | | | | | Fed MED/EE | 22.97 | 958.23 |
| | | | | | | Fed OASDI/EE | 98.18 | 4,097.24 |
| | | | | | | PA Unempl EE | 0.99 | 39.81 |
| | | | | | | PA Withholding | 48.62 | 2,028.98 |
| TOTAL: | | 33.00 | 1,650.00 | 1,327.00 | 66,350.00 | TOTAL: | 377.01 | 15,985.87 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS | | |
|------------------------|---------------|-----------------|----------------------|-------------|-------------|---------------------------|---------|--------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Medical Plan Deduction | 58.32 | 233.28 | | | | Medical Plan Deduction | 0.00 | 156.92 |
| PrO Dental Deduction | 5.96 | 23.84 | | | | Workers Compensation Rate | 0.00 | 147.11 |
| Vision Plan Deduction | 2.09 | 8.36 | | | | | | |
| 401(k) Deduction | 49.50 | 1,990.50 | | | | | | |
| TOTAL: | 115.87 | 2,255.98 | TOTAL: | 0.00 | 0.00 | *TAXABLE | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---------|-------------|-------------------|-------------|------------------|-----------|
| Current | 1,650.00 | 1,534.13 | 377.01 | 115.87 | 1,157.12 |
| YTD | 66,350.00 | 64,094.02 | 15,985.87 | 2,255.98 | 48,108.15 |

| YEAR-TO-DATE Leave Accrual | | | | | | NET PAY DISTRIBUTION | | | |
|----------------------------|---------------|--------|-------|------------|-------------|----------------------|----------------|----------------|-----------------|
| Plan Name | Start Balance | Earned | Taken | Adjustment | End-Balance | Account Type | Account Number | Deposit Amount | |
| | | | | | | Advice #3724995 | Checking | XXXXXXXXX9959 | 1,157.12 |
| | | | | | | TOTAL: | | | 1,157.12 |

MESSAGE:

PRO Unlimited, Inc
999 Stewart Avenue
Suite 100
Bethpage, NY 11714

Date: 10/04/2019

Advice No. 3724995

Deposit Amount: \$1,157.12

**To The
Account(s) Of**

HEATHER NITCH
206 East Euclid Avenue
New Castle, PA 16105-2512

NON-NEGOTIABLE

Income from Contract Work for Heather Nitch from Jan - Oct 2019

| Description | Created (UTC) | Amount | Fee | Status |
|-----------------------------------|---------------|----------|-------|--------|
| Invoice D91AA085-0006 | 10/2/19 13:49 | \$650.00 | 19.15 | Paid |
| Invoice D91AA085-0005 | 9/4/19 15:55 | \$875.00 | 25.68 | Paid |
| Payment for invoice D91AA085-0004 | 8/10/19 16:06 | \$475.00 | 14.08 | Paid |
| Payment for invoice 78F61205-0001 | 7/30/19 23:10 | \$100.00 | 3.2 | Paid |
| Payment for invoice C6679404-0001 | 7/30/19 18:53 | \$40.00 | 1.46 | Paid |
| Payment for invoice D91AA085-0003 | 6/27/19 13:40 | \$400.00 | 11.9 | Paid |
| Payment for invoice D91AA085-0002 | 5/28/19 14:21 | \$400.00 | 11.9 | Paid |
| Payment for invoice D91AA085-0001 | 4/11/19 17:28 | \$320.00 | 9.58 | Paid |

| | |
|-------|------------|
| Total | \$3,260.00 |
|-------|------------|

Monthly expenses

| | |
|------------------------|----------|
| Website Hosting | \$200.00 |
| Software Subscriptions | \$100.00 |

| | |
|-------|----------|
| Total | \$300.00 |
|-------|----------|

| | |
|----------------|----------|
| Montly average | \$500.00 |
|----------------|----------|